

Maryland Medicare Advantage, Cost Plans, and Demonstrations

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
ALLEGANY	Aetna Medicare	Aetna Golden Choice Regional Value Plan			•			\$89.00	\$31.13		•		•			85	•	
		Aetna Golden Choice Regional Standard Plan			•			\$99.00	\$41.82	•			•	•		85	•	
		Aetna Golden Choice Regional Premier Plan			•			\$149.00	\$57.36	•			•	•		97	•	
ANNE ARUNDEL	Aetna Medicare	Aetna Golden Medicare Value Plan	•					\$0.00	-				•			85	•	
		Aetna Golden Medicare Basic Plan	•					\$0.00	\$0.00	•			•			85	•	
		Aetna Golden Medicare Standard Plan	•					\$35.00	\$35.00	•			•	•		85	•	
		Aetna Golden Medicare Premier Plan	•					\$85.00	\$57.36	•			•	•		97	•	
		Aetna Golden Choice Regional Value Plan			•			\$89.00	\$31.13		•		•			85	•	
		Aetna Golden Choice Value Plan		•				\$89.00	\$31.13			•	•			85	•	
		Aetna Golden Choice Regional Standard Plan			•			\$99.00	\$41.82	•			•	•		85	•	
		Aetna Golden Choice Standard Plan		•				\$99.00	\$41.82	•			•	•		85	•	
		Aetna Golden Choice Premier Plan		•				\$149.00	\$57.36	•			•	•		97	•	
		Aetna Golden Choice Regional Premier Plan			•			\$149.00	\$57.36	•			•	•		97	•	
	Care Improvement Plus	Silver Plan	•					\$33.23	\$33.23	•			•			95	•	
		Gold Plan	•					\$83.00	\$33.23	•			•			95	•	
		Platinum Plan	•					\$163.00	\$33.23	•			•			95	•	
	Elder Health Mid-Atlantic, Inc.	Elder Health	•					\$0.00	\$0.00	•			•			94	•	
		Elder Health Choice	•					\$0.00	\$0.00	•			•			94	•	
		Elder Health Select	•					\$33.46	\$33.46			•				94	•	
		Elder Health Plus	•					\$35.00	\$0.00	•			•			94	•	
	Kaiser Permanente Medicare Plus	Kaiser Permanente Medicare Plus Basic w/D					•	\$45.00	\$16.64	•			•			72	•	
		Kaiser Permanente Medicare Plus Basic no D					•	\$45.00	-									
		Kaiser Permanente Medicare Plus Std w/D					•	\$49.00	\$16.64	•			•			72	•	
		Kaiser Permanente Medicare Plus High w/D					•	\$79.00	\$26.07	•			•	•		72	•	
	United Healthcare Insurance Company	Evercare Plan IP		•				\$30.29	\$30.29	•			•			97	•	

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			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																
BALTIMORE	Aetna Medicare	Aetna Golden Medicare Value Plan	•					\$0.00	-				•				•	
		Aetna Golden Medicare Basic Plan	•					\$0.00	\$0.00	•			•				•	
		Aetna Golden Medicare Standard Plan	•					\$35.00	\$35.00	•			•	•			•	
		Aetna Golden Medicare Premier Plan	•					\$85.00	\$57.36	•			•	•			•	
		Aetna Golden Choice Regional Value Plan			•			\$89.00	\$31.13		•		•				•	
		Aetna Golden Choice Value Plan		•				\$89.00	\$31.13			•	•				•	
		Aetna Golden Choice Regional Standard Plan			•			\$99.00	\$41.82	•			•	•			•	
		Aetna Golden Choice Standard Plan		•				\$99.00	\$41.82	•			•	•			•	
		Aetna Golden Choice Premier Plan		•				\$149.00	\$57.36	•			•	•			•	
		Aetna Golden Choice Regional Premier Plan			•			\$149.00	\$57.36	•			•	•			•	
	Care Improvement Plus	Silver Plan	•					\$33.23	\$33.23	•			•				•	
		Gold Plan	•					\$83.00	\$33.23	•			•				•	
		Platinum Plan	•					\$163.00	\$33.23	•			•				•	
	Elder Health Mid-Atlantic, Inc.	Elder Health	•					\$0.00	\$0.00	•			•				•	
		Elder Health Choice	•					\$0.00	\$0.00	•			•				•	
		Elder Health Select	•					\$33.46	\$33.46			•	•				•	
		Elder Health Plus	•					\$35.00	\$0.00	•			•				•	
	Kaiser Permanente Medicare Plus	Kaiser Permanente Medicare Plus Basic w/D					•	\$45.00	\$16.64	•			•				•	
		Kaiser Permanente Medicare Plus Basic no D					•	\$45.00	-									
		Kaiser Permanente Medicare Plus Std w/D					•	\$49.00	\$16.64	•			•				•	
		Kaiser Permanente Medicare Plus High w/D					•	\$79.00	\$26.07	•			•	•			•	
	United Healthcare Insurance Company	Evercare Plan IP		•				\$30.29	\$30.29	•			•				•	
		Erickson Advantage No Rx					•	\$90.00	-									
		Erickson Advantage					•	\$135.00	\$45.00	•			•				•	

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Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
BALTIMORE CITY	Aetna Medicare	Aetna Golden Medicare Metro Value Plan	*						\$0.00	-								
		Aetna Golden Medicare Metro Standard Plan	*						\$0.00	\$0.00	*			*	*		85	*
		Aetna Golden Medicare Premier Plan	*						\$25.00	\$25.00	*			*	*		97	*
		Aetna Golden Choice Metro Value Plan		*					\$59.00	\$31.13			*	*			85	*
		Aetna Golden Choice Metro Standard Plan		*					\$79.00	\$41.82	*			*	*		85	*
		Aetna Golden Choice Regional Value Plan			*				\$89.00	\$31.13		*		*			85	*
		Aetna Golden Choice Regional Standard Plan			*				\$99.00	\$41.82	*			*	*		85	*
		Aetna Golden Choice Premier Plan		*					\$99.00	\$57.36	*			*	*		97	*
		Aetna Golden Choice Regional Premier Plan			*				\$149.00	\$57.36	*			*	*		97	*
	Care Improvement Plus	Silver Plan	*						\$33.23	\$33.23	*			*			95	*
		Gold Plan	*						\$83.00	\$33.23	*			*			95	*
		Platinum Plan	*						\$163.00	\$33.23	*			*			95	*
	Elder Health Mid-Atlantic, Inc.	Elder Health	*						\$0.00	\$0.00	*			*			94	*
		Elder Health Choice	*						\$0.00	\$0.00	*			*			94	*
		Elder Health Select	*						\$33.46	\$33.46			*	*			94	*
		Elder Health Plus	*						\$35.00	\$0.00	*			*			94	*
	Kaiser Permanente Medicare Plus	Kaiser Permanente Medicare Plus Basic w/D					*		\$45.00	\$16.64	*			*			72	*
		Kaiser Permanente Medicare Plus Basic no D					*		\$45.00	-				*				
		Kaiser Permanente Medicare Plus Std w/D					*		\$49.00	\$16.64	*			*			72	*
		Kaiser Permanente Medicare Plus High w/D					*		\$79.00	\$26.07	*			*	*		72	*
	United Healthcare Insurance Company	Evercare Plan IP		*					\$30.29	\$30.29	*			*			97	*
CALVERT	Aetna Medicare	Aetna Golden Medicare Value Plan	*						\$0.00	-				*				
		Aetna Golden Medicare Basic Plan	*						\$0.00	\$0.00	*			*			85	*
		Aetna Golden Medicare Standard Plan	*						\$35.00	\$35.00	*			*	*		85	*
		Aetna Golden Medicare Premier Plan	*						\$85.00	\$57.36	*			*	*		97	*
		Aetna Golden Choice Regional Value Plan			*				\$89.00	\$31.13			*	*			85	*
		Aetna Golden Choice Value Plan		*					\$89.00	\$31.13			*	*			85	*
		Aetna Golden Choice Regional Standard Plan			*				\$99.00	\$41.82	*			*	*		85	*
		Aetna Golden Choice Standard Plan		*					\$99.00	\$41.82	*			*	*		85	*
		Aetna Golden Choice Premier Plan		*					\$149.00	\$57.36	*			*	*		97	*
		Aetna Golden Choice Regional Premier Plan			*				\$149.00	\$57.36	*			*	*		97	*
	Kaiser Permanente Medicare Plus	Kaiser Permanente Medicare Plus Basic w/D					*		\$45.00	\$16.64	*			*			72	*
		Kaiser Permanente Medicare Plus Basic no D					*		\$45.00	-				*				
		Kaiser Permanente Medicare Plus Std w/D					*		\$49.00	\$16.64	*			*			72	*
		Kaiser Permanente Medicare Plus High w/D					*		\$79.00	\$26.07	*			*	*		72	*
	SecureHorizons Direct	SecureHorizons Direct Plan 5				*			\$45.00	-				*	*			

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			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																
CAROLINE	Aetna Medicare	Aetna Golden Choice Regional Value Plan			*				\$89.00	\$31.13		*		*			85	*
		Aetna Golden Choice Regional Standard Plan			*				\$99.00	\$41.82	*			*	*		85	*
		Aetna Golden Choice Regional Premier Plan			*				\$149.00	\$57.36	*			*	*		97	*
CARROLL	Aetna Medicare	Aetna Golden Choice Regional Value Plan			*				\$89.00	\$31.13		*		*			85	*
		Aetna Golden Choice Regional Standard Plan			*				\$99.00	\$41.82	*			*	*		85	*
		Aetna Golden Choice Regional Premier Plan			*				\$149.00	\$57.36	*			*	*		97	*
	Care Improvement Plus	Silver Plan	*						\$33.23	\$33.23	*			*			95	*
		Gold Plan	*						\$83.00	\$33.23	*			*			95	*
		Platinum Plan	*						\$163.00	\$33.23	*			*			95	*
		Kaiser Permanente Medicare Plus Basic w/D					*		\$45.00	\$16.64	*			*			72	*
		Kaiser Permanente Medicare Plus Basic no D					*		\$45.00	-								
		Kaiser Permanente Medicare Plus Std w/D					*		\$49.00	\$16.64	*			*			72	*
	Kaiser Permanente Medicare Plus High w/D					*		\$79.00	\$26.07	*			*	*		72	*	
	United Healthcare Insurance Company	Evercare Plan IP		*					\$30.29	\$30.29	*			*			97	*
CECIL	Aetna Medicare	Aetna Golden Choice Regional Value Plan			*				\$89.00	\$31.13		*		*			85	*
		Aetna Golden Choice Regional Standard Plan			*				\$99.00	\$41.82	*			*	*		85	*
		Aetna Golden Choice Regional Premier Plan			*				\$149.00	\$57.36	*			*	*		97	*
CHARLES	Aetna Medicare	Aetna Golden Medicare Value Plan	*						\$0.00	-				*			85	*
		Aetna Golden Medicare Basic Plan	*						\$0.00	\$0.00	*			*			85	*
		Aetna Golden Medicare Standard Plan	*						\$35.00	\$35.00	*			*	*		85	*
		Aetna Golden Medicare Premier Plan	*						\$85.00	\$57.36	*			*	*		97	*
		Aetna Golden Choice Regional Value Plan			*				\$89.00	\$31.13		*		*			85	*
		Aetna Golden Choice Value Plan		*					\$89.00	\$31.13			*	*			85	*
		Aetna Golden Choice Regional Standard Plan			*				\$99.00	\$41.82	*			*	*		85	*
		Aetna Golden Choice Standard Plan		*					\$99.00	\$41.82	*			*	*		85	*
		Aetna Golden Choice Premier Plan		*					\$149.00	\$57.36	*			*	*		97	*
		Aetna Golden Choice Regional Premier Plan			*				\$149.00	\$57.36	*			*	*		97	*
		Kaiser Permanente Medicare Plus Basic w/D					*		\$45.00	\$16.64	*			*			72	*
		Kaiser Permanente Medicare Plus Basic no D					*		\$45.00	-								
		Kaiser Permanente Medicare Plus Std w/D					*		\$49.00	\$16.64	*			*			72	*
		Kaiser Permanente Medicare Plus High w/D					*		\$79.00	\$26.07	*			*	*		72	*
		United Healthcare Insurance Company	Evercare Plan IP		*					\$30.29	\$30.29	*			*			97

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			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
DORCHESTER	Aetna Medicare	Aetna Golden Choice Regional Value Plan			•				\$89.00	\$31.13		•		•			85	•
		Aetna Golden Choice Regional Standard Plan			•				\$99.00	\$41.82	•			•	•		85	•
		Aetna Golden Choice Regional Premier Plan			•				\$149.00	\$57.36	•			•	•		97	•
FREDERICK	Aetna Medicare	Aetna Golden Medicare Value Plan	•						\$0.00	-				•			85	•
		Aetna Golden Medicare Basic Plan	•						\$0.00	\$0.00	•			•			85	•
		Aetna Golden Medicare Standard Plan	•						\$35.00	\$35.00	•			•	•		85	•
		Aetna Golden Medicare Premier Plan	•						\$85.00	\$57.36	•			•	•		97	•
		Aetna Golden Choice Regional Value Plan			•				\$89.00	\$31.13		•		•			85	•
		Aetna Golden Choice Value Plan		•					\$89.00	\$31.13			•	•			85	•
		Aetna Golden Choice Regional Standard Plan			•				\$99.00	\$41.82	•			•	•		85	•
		Aetna Golden Choice Standard Plan		•					\$99.00	\$41.82	•			•	•		85	•
		Aetna Golden Choice Premier Plan		•					\$149.00	\$57.36	•			•	•		97	•
	Kaiser Permanente Medicare Plus	Aetna Golden Choice Regional Premier Plan			•				\$149.00	\$57.36	•			•	•		97	•
		Kaiser Permanente Medicare Plus Basic w/D					•		\$45.00	\$16.64	•			•			72	•
		Kaiser Permanente Medicare Plus Basic no D					•		\$45.00	-								
		Kaiser Permanente Medicare Plus Std w/D					•		\$49.00	\$16.64	•			•			72	•
		Kaiser Permanente Medicare Plus High w/D					•		\$79.00	\$26.07	•			•	•		72	•
	United Healthcare Insurance Company	Evercare Plan IP		•					\$30.29	\$30.29	•			•			97	•
GARRETT	Aetna Medicare	Aetna Golden Choice Regional Value Plan			•				\$89.00	\$31.13		•		•			85	•
		Aetna Golden Choice Regional Standard Plan			•				\$99.00	\$41.82	•			•	•		85	•
		Aetna Golden Choice Regional Premier Plan			•				\$149.00	\$57.36	•			•	•		97	•

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			HMO	Local PPO	Regional PPO	Private Fee-for-Service												
County	Organization Name	Plan Name																
HARFORD	Aetna Medicare	Aetna Golden Medicare Value Plan	•						\$0.00					•			85	•
		Aetna Golden Medicare Basic Plan	•						\$0.00	\$0.00	•			•			85	•
		Aetna Golden Medicare Standard Plan	•						\$35.00	\$35.00	•			•	•		85	•
		Aetna Golden Medicare Premier Plan	•						\$85.00	\$57.36	•			•	•		97	•
		Aetna Golden Choice Regional Value Plan			•				\$89.00	\$31.13		•		•			85	•
		Aetna Golden Choice Value Plan		•					\$89.00	\$31.13			•	•			85	•
		Aetna Golden Choice Regional Standard Plan			•				\$99.00	\$41.82	•			•	•		85	•
		Aetna Golden Choice Standard Plar		•					\$99.00	\$41.82	•			•	•		85	•
		Aetna Golden Choice Premier Plan		•					\$149.00	\$57.36	•			•	•		97	•
		Aetna Golden Choice Regional Premier Plan			•				\$149.00	\$57.36	•			•	•		97	•
	Care Improvement Plus	Silver Plan	•						\$33.23	\$33.23	•			•			95	•
		Gold Plan	•						\$83.00	\$33.23	•			•			95	•
		Platinum Plan	•						\$163.00	\$33.23	•			•			95	•
		Elder Health Mid-Atlantic, Inc.	Elder Health	•					\$0.00	\$0.00	•			•			94	•
		Elder Health Choice	•						\$0.00	\$0.00	•			•			94	•
		Elder Health Select	•						\$33.46	\$33.46			•	•			94	•
		Elder Health Plus	•						\$35.00	\$0.00	•			•			94	•
		Kaiser Permanente Medicare Plus	Kaiser Permanente Medicare Plus Basic w/D					•		\$45.00	\$16.64	•			•			72
	Kaiser Permanente Medicare Plus Basic no D						•		\$45.00	-								
	Kaiser Permanente Medicare Plus Std w/D						•		\$49.00	\$16.64	•			•			72	•
	Kaiser Permanente Medicare Plus High w/D						•		\$79.00	\$26.07	•			•	•		72	•
HOWARD	Aetna Medicare	Aetna Golden Medicare Value Plan	•						\$0.00	-				•			85	•
		Aetna Golden Medicare Basic Plan	•						\$0.00	\$0.00	•			•	•		85	•
		Aetna Golden Medicare Standard Plan	•						\$35.00	\$35.00	•			•	•		85	•
		Aetna Golden Medicare Premier Plan	•						\$85.00	\$57.36	•			•	•		97	•
		Aetna Golden Choice Regional Value Plan			•				\$89.00	\$31.13		•		•			85	•
		Aetna Golden Choice Value Plan		•					\$89.00	\$31.13			•	•			85	•
		Aetna Golden Choice Regional Standard Plan			•				\$99.00	\$41.82	•			•	•		85	•
		Aetna Golden Choice Standard Plar		•					\$99.00	\$41.82	•			•	•		85	•
		Aetna Golden Choice Premier Plan		•					\$149.00	\$57.36	•			•	•		97	•
		Aetna Golden Choice Regional Premier Plan			•				\$149.00	\$57.36	•			•	•		97	•
	Care Improvement Plus	Silver Plan	•						\$33.23	\$33.23	•			•			95	•
		Gold Plan	•						\$83.00	\$33.23	•			•			95	•
		Platinum Plan	•						\$163.00	\$33.23	•			•			95	•
		Elder Health Mid-Atlantic, Inc.	Elder Health	•					\$0.00	\$0.00	•			•			94	•
		Elder Health Choice	•						\$0.00	\$0.00	•			•			94	•
		Elder Health Select	•						\$33.46	\$33.46			•	•			94	•
		Elder Health Plus	•						\$35.00	\$0.00	•			•			94	•
		Kaiser Permanente Medicare Plus	Kaiser Permanente Medicare Plus Basic w/D					•		\$45.00	\$16.64	•			•			72
	Kaiser Permanente Medicare Plus Basic no D						•		\$45.00	-								
	Kaiser Permanente Medicare Plus Std w/D						•		\$49.00	\$16.64	•			•			72	•
	Kaiser Permanente Medicare Plus High w/D						•		\$79.00	\$26.07	•			•	•		72	•
	United Healthcare Insurance Company	Evercare Plan IP		•					\$30.29	\$30.29	•			•			97	•

Maryland Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
KENT	Aetna Medicare	Aetna Golden Choice Regional Value Plan			•			\$89.00	\$31.13		•		•			85	•	
		Aetna Golden Choice Regional Standard Plan			•			\$99.00	\$41.82	•			•	•		85	•	
		Aetna Golden Choice Regional Premier Plan			•			\$149.00	\$57.36	•			•	•		97	•	
	United Healthcare Insurance Company	Evercare Plan IP		•				\$30.29	\$30.29	•			•			97	•	
MONTGOMERY	Aetna Medicare	Aetna Golden Medicare Value Plan	•					\$0.00	-	•			•			85	•	
		Aetna Golden Medicare Basic Plan	•					\$0.00	\$0.00	•			•			85	•	
		Aetna Golden Medicare Standard Plan	•					\$35.00	\$35.00	•			•	•		85	•	
		Aetna Golden Medicare Premier Plan	•					\$85.00	\$57.36	•			•	•		97	•	
		Aetna Golden Choice Regional Value Plan			•			\$89.00	\$31.13		•		•			85	•	
		Aetna Golden Choice Value Plan		•				\$89.00	\$31.13			•	•			85	•	
		Aetna Golden Choice Regional Standard Plan			•			\$99.00	\$41.82	•			•	•		85	•	
		Aetna Golden Choice Standard Plan		•				\$99.00	\$41.82	•			•	•		85	•	
		Aetna Golden Choice Premier Plan		•				\$149.00	\$57.36	•			•	•		97	•	
		Aetna Golden Choice Regional Premier Plan			•			\$149.00	\$57.36	•			•	•		97	•	
	Care Improvement Plus	Silver Plan	•					\$33.23	\$33.23	•			•			95	•	
		Gold Plan	•					\$83.00	\$33.23	•			•			95	•	
		Platinum Plan	•					\$163.00	\$33.23	•			•			95	•	
	Elder Health Mid-Atlantic, Inc.	Elder Health	•					\$0.00	\$0.00	•			•			94	•	
		Elder Health Choice	•					\$0.00	\$0.00	•			•			94	•	
		Elder Health Select	•					\$33.46	\$33.46			•	•			94	•	
		Elder Health Plus	•					\$35.00	\$0.00	•			•			94	•	
	Kaiser Permanente Medicare Plus	Kaiser Permanente Medicare Plus Basic w/D					•	\$45.00	\$16.64	•			•			72	•	
		Kaiser Permanente Medicare Plus Basic no D					•	\$45.00	-									
		Kaiser Permanente Medicare Plus Std w/D					•	\$49.00	\$16.64	•			•			72	•	
		Kaiser Permanente Medicare Plus High w/D					•	\$79.00	\$26.07	•			•	•		72	•	
	United Healthcare Insurance Company	Evercare Plan IP		•				\$30.29	\$30.29	•			•			97	•	
		Erickson Advantage No Rx					•	\$90.00	-									
		Erickson Advantage					•	\$135.00	\$45.00	•			•			97	•	

Maryland Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
			HMO	Local PPO	Regional PPO	Private Fee-for-Service									Includes Tiered Copayments for Drugs	Generics Only		
County	Organization Name	Plan Name							Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)					
PRINCE GEORGES	Aetna Medicare	Aetna Golden Medicare Value Plan	•						\$0.00	-								
		Aetna Golden Medicare Basic Plan	•						\$0.00	\$0.00	•			•			85	•
		Aetna Golden Medicare Standard Plan	•						\$35.00	\$35.00	•			•	•		85	•
		Aetna Golden Medicare Premier Plan	•						\$85.00	\$57.36	•			•	•		97	•
		Aetna Golden Choice Regional Value Plan			•				\$89.00	\$31.13		•		•			85	•
		Aetna Golden Choice Value Plan		•					\$89.00	\$31.13			•	•			85	•
		Aetna Golden Choice Regional Standard Plan			•				\$99.00	\$41.82	•			•	•		85	•
		Aetna Golden Choice Standard Plan		•					\$99.00	\$41.82	•			•	•		85	•
		Aetna Golden Choice Premier Plan		•					\$149.00	\$57.36	•			•	•		97	•
		Aetna Golden Choice Regional Premier Plan			•				\$149.00	\$57.36	•			•	•		97	•
	Care Improvement Plus	Silver Plan	•						\$33.23	\$33.23	•			•			95	•
		Gold Plan	•						\$83.00	\$33.23	•			•			95	•
		Platinum Plan	•						\$163.00	\$33.23	•			•			95	•
	Elder Health Mid-Atlantic, Inc.	Elder Health	•						\$0.00	\$0.00	•			•			94	•
		Elder Health Choice	•						\$0.00	\$0.00	•			•			94	•
		Elder Health Select	•						\$33.46	\$33.46			•				94	•
		Elder Health Plus	•						\$35.00	\$0.00	•			•			94	•
	Kaiser Permanente Medicare Plus	Kaiser Permanente Medicare Plus Basic w/D					•		\$45.00	\$16.64	•			•			72	•
		Kaiser Permanente Medicare Plus Basic no D					•		\$45.00	-								
		Kaiser Permanente Medicare Plus Std w/D					•		\$49.00	\$16.64	•			•			72	•
		Kaiser Permanente Medicare Plus High w/D					•		\$79.00	\$26.07	•			•	•		72	•
	United Healthcare Insurance Company	Evercare Plan IP		•					\$30.29	\$30.29	•			•			97	•
		Erickson Advantage No Rx						•	\$90.00	-								
		Erickson Advantage						•	\$135.00	\$45.00	•			•			97	•
QUEEN ANNES	Aetna Medicare	Aetna Golden Choice Regional Value Plan			•				\$89.00	\$31.13		•		•			85	•
		Aetna Golden Choice Regional Standard Plan			•				\$99.00	\$41.82	•			•	•		85	•
		Aetna Golden Choice Regional Premier Plan			•				\$149.00	\$57.36	•			•	•		97	•
	United Healthcare Insurance Company	Evercare Plan IP		•					\$30.29	\$30.29	•			•			97	•

Maryland Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copayments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
SOMERSET	Aetna Medicare	Aetna Golden Choice Regional Value Plan			•				\$89.00	\$31.13		•		•			85	•
		Aetna Golden Choice Regional Standard Plan			•				\$99.00	\$41.82	•			•	•		85	•
		Aetna Golden Choice Regional Premier Plan			•				\$149.00	\$57.36	•			•	•		97	•
ST. MARYS	Aetna Medicare	Aetna Golden Choice Regional Value Plan			•				\$89.00	\$31.13		•		•			85	•
		Aetna Golden Choice Regional Standard Plan			•				\$99.00	\$41.82	•			•	•		85	•
		Aetna Golden Choice Regional Premier Plan			•				\$149.00	\$57.36	•			•	•		97	•
TALBOT	Aetna Medicare	Aetna Golden Choice Regional Value Plan			•				\$89.00	\$31.13		•		•			85	•
		Aetna Golden Choice Regional Standard Plan			•				\$99.00	\$41.82	•			•	•		85	•
		Aetna Golden Choice Regional Premier Plan			•				\$149.00	\$57.36	•			•	•		97	•
	United Healthcare Insurance Company	Evercare Plan IP		•					\$30.29	\$30.29	•			•			97	•
WASHINGTON	Aetna Medicare	Aetna Golden Choice Regional Value Plan			•				\$89.00	\$31.13		•		•			85	•
		Aetna Golden Choice Regional Standard Plan			•				\$99.00	\$41.82	•			•	•		85	•
		Aetna Golden Choice Regional Premier Plan			•				\$149.00	\$57.36	•			•	•		97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	United Healthcare Insurance Company	Evercare Plan IP		•					\$30.29	\$30.29	•			•			97	•
WICOMICO	Aetna Medicare	Aetna Golden Choice Regional Value Plan			•				\$89.00	\$31.13		•		•			85	•
		Aetna Golden Choice Regional Standard Plan			•				\$99.00	\$41.82	•			•	•		85	•
		Aetna Golden Choice Regional Premier Plan			•				\$149.00	\$57.36	•			•	•		97	•
WORCESTER	Aetna Medicare	Aetna Golden Choice Regional Value Plan			•				\$89.00	\$31.13		•		•			85	•
		Aetna Golden Choice Regional Standard Plan			•				\$99.00	\$41.82	•			•	•		85	•
		Aetna Golden Choice Regional Premier Plan			•				\$149.00	\$57.36	•			•	•		97	•